## **Covered California**

## **Appendix A: Definition of Good Standing**

Definition of Good Standing	Agency
Verification that issuer holds a state health care service plan license or insurance	
certificate of authority.	
Approved for lines of business sought in the Exchange (e.g. commercial, small	
group, individual)	DMHC
Approved to operate in what geographic service areas	DMHC
Most recent financial exam and medical survey report reviewed	DMHC
Most recent market conduct exam reviewed	CDI
Affirmation of no material statutory or regulatory violations, including penalties	
levied, in the past two years in relation to any of the following, where applicable:	
Financial solvency and reserves reviewed	DMHC and CDI
Administrative and organizational capacity acceptable	DMHC
Benefit Design	
<ul> <li>State mandates (to cover and to offer)</li> </ul>	DMHC and CDI
<ul> <li>Essential health benefits (State required)</li> </ul>	DMHC and CDI
Basic health care services	CDI
<ul> <li>Copayments, deductibles, out-of-pocket maximums</li> </ul>	DMHC and CDI
<ul> <li>Actuarial value confirmation (using 2015 Federal Actuarial Value Calculator)</li> </ul>	DMHC and CDI
Network adequacy and accessibility standards are met	DMHC and CDI
Provider contracts	DMHC and CDI
Language Access	DMHC and CDI
Uniform disclosure (summary of benefits and coverage)	DMHC and CDI
Claims payment policies and practices	DMHC and CDI
Provider complaints	DMHC and CDI
Utilization review policies and practices	DMHC and CDI
Quality assurance/management policies and practices	DMHC
• Enrollee/Member grievances/complaints and appeals policies and practices	DMHC and CDI
Independent medical review	DMHC and CDI
Marketing and advertising	DMHC and CDI
Guaranteed issue individual and small group	DMHC and CDI
Rating Factors	DMHC and CDI
Medical Loss Ratio	DMHC and CDI
Premium rate review	DMHC and CDI
Geographic rating regions	
<ul> <li>Rate development and justification is consistent with ACA requirements</li> </ul>	DMHC and CDI

<sup>&</sup>lt;sup>1</sup>Covered California, in its sole discretion and in consultation with the appropriate health insurance regulator, determines what constitutes a material violation for this purpose.

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